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NO. 496 P.1

APR 13 2005

Atty Docket No. 022176-001500US

PTO FAX NO.: 703/872-9306

ATTENTION: Examiner FAULK, DEVONA E

Group Art Unit 2644

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER FAULK, DEVONA E**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of ADNAN SHENNIB, Application No. 09/721,462, filed November 22, 2000 for INTRACANAL CAP FOR HEARING DEVICES are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal'
2. Amendment

Number of pages being transmitted, including this page: 10

Dated: April 13, 2005


S. Brown

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3785

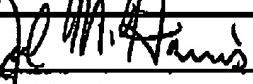
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PTO/SB/21 (09-04)

TRANSMITTAL FORM		Application Number 09/721,482
(to be used for all correspondence after initial filing)		Filing Date November 22, 2000
		First Named Inventor SHENNIB, ADNAN
		Art Unit 2844
		Examiner Name FAULK, DEVONA E
Total Number of Pages in This Submission 9		Attorney Docket Number 022176-001500US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joe M. Harris		
Date	4/13/05	Reg. No.	44,743

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Signature 

Typed or printed name

Shemekia N. Brown

Date

04/13/05

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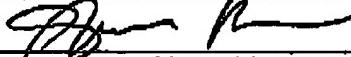
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By:



Shemekia N. Brown

PATENT
Attorney Docket No.: 022176-001500US
Client Ref. No.: ISM-015

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ADNAN SHENNIB

Application No.: 09/721,462

Filed: November 22, 2000

For: INTRACANAL CAP FOR
HEARING DEVICES

Customer No.: 20350

Confirmation No. 3046

Examiner: FAULK, DEVONA E

Technology Center/Art Unit: 2644

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed 01/13/05, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.